

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different
than previously
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

06

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 17

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 1 | 0 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2010 | | 50433.62 |
| (b) Cash on Hand at Beginning of Reporting Period | 101954.25 | |
| (c) Total Receipts (from Line 19) | 19963.75 | 96301.75 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 121918.00 | 146735.37 |
| 7. Total Disbursements (from Line 31) | 536.16 | 25353.53 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 121381.84 | 121381.84 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 17

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 1 | 0 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 18648.75 | 91423.75 |
| (ii) Unitemized | 1315.00 | 4878.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 19963.75 | 96301.75 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 19963.75 | 96301.75 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 19963.75 | 96301.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 19963.75 | 96301.75 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 17

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|--------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 36.16 | 149.08 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 36.16 | 149.08 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 500.00 | 11500.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 13704.45 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 536.16 | 25353.53 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 536.16 | 25353.53 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 19963.75 | 96301.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19963.75 | 96301.75 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 36.16 | 149.08 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 36.16 | 149.08 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Karen Anderson-Barrett

Mailing Address 947 Glendale Ln

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7570

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Chris Bangerter

Mailing Address 411 Dahlia Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.7578

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Pam Belcher

Mailing Address 4217 Cecil Court South

City

Nashville

State

TN

Zip Code

37207

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP Org Dev & Recruiting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7534

Amount of Each Receipt this Period

730.00

SUBTOTAL of Receipts This Page (optional)

1930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

David C. Bowling

Mailing Address 1039 Kingman Avenue

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Ops Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7533

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Clark

Mailing Address 101 Gillespie Dr

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

American Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7525

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

John Cude

Mailing Address 1449 Charleston Lane

City

Columbia

State

TN

Zip Code

38401

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Manager Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.7582

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

2525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Ann Debooy

Mailing Address 9845 Hardrock Road

City

Las Cruces

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation
RN - CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7564

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Charlotte Dupre

Mailing Address 2148 Augusta St

City

La Place

State

LA

Zip Code

70068

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Parishes Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7569

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Ferriell

Mailing Address 125 Maywood Ave.

City

Bardstown

State

KY

Zip Code

40004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springview

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Richard Flores

Mailing Address 9439 Timber Ridge Court

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint, Hospitals, Inc.

Occupation

VP Revenue Cycle Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7523

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

James P. Frazier, III

Mailing Address 2144 E Ardoyn St

City

Eunice

State

LA

Zip Code

70535

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7540

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

James Gory

Mailing Address PO Box 130
1530 US Hwy 43

City

Winfield

State

AL

Zip Code

35594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7566

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Julia Grove

Mailing Address 3865 PLymouth Rd

City

Paducah

State

KY

Zip Code

42001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Purchase Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7551

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Paul Herzog

Mailing Address 920 Raleigh Road

City

Las Cruces

State

NM

Zip Code

88005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7565

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Neil Kunkel

Mailing Address 300 Jackson Blvd

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.7581

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Brad Langdorf

Mailing Address 12 Yates Terrace

City

Ft. Morgan

State

CO

Zip Code

80701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Plains Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7573

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Lewis

Mailing Address 3304 State Route 1529 East

City

Fulton

State

KY

Zip Code

42041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Purchase Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7561

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James McGonnell

Mailing Address 8495 Florence Cove Road

City

St. Augustine

State

FL

Zip Code

32092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Community Med. Ctr.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7562

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Michael J. Meadows

Mailing Address 4712 E 250 S

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starke Memorial Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7528

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Chad Miller

Mailing Address 901 East Sunflower Road

City

Cleveland

State

MS

Zip Code

38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolivar Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7537

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter M. Mulkey

Mailing Address 686 Grace Street

City

Pounding Mill

State

VA

Zip Code

24637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Medical Cen-
ter

Occupation
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Debbie Pace

Mailing Address PO Box 120

City

Russellville

State

AL

Zip Code

35653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russellville Hosp & Lakel-
and

Occupation

Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.7580

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Patterson

Mailing Address 331 Apache Street

City

Ft. Morgan

State

CO

Zip Code

80701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Plains Medical
Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7541

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joshua Perry

Mailing Address 7221 Hwy 70 S #634

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation

Reimbursement Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.7577

Amount of Each Receipt this Period

218.75

SUBTOTAL of Receipts This Page (optional)

718.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Thomas Pezanosky, Jr.

Mailing Address 1192 McCoury Lane

City

Spring Hill

State

TN

Zip Code

37174

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Reimbursement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.7579

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Kevin Rogols

Mailing Address 1000 Lincoln Street
CS 4200

City

Ft. Morgan

State

CO

Zip Code

80701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Plains Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7571

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Joseph Ross

Mailing Address 530 Everville Drive

City

Livingston

State

TN

Zip Code

38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livingston Regional Hospi-
tal

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7529

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Jeff Seraphine

Mailing Address 256 Waitsboro Drive

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Cumberland Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.7526

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Chuck Spann

Mailing Address 702 Arrowhead Village

City

Winfield

State

AL

Zip Code

35594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7568

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Denise Thomas

Mailing Address 255 N. Spalding Ave.

City

Lebanon

State

KY

Zip Code

40033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spring View Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Wally Vette

Mailing Address 515 Old Farm Road

City

Las Cruces

State

NM

Zip Code

88005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center

Occupation

Assistant Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.7563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

18648.75

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

ROBERT ADERHOLT FOR CONGRESS

Mailing Address P. O. Box 1158
940 HWY 13

City State Zip Code
Haleyville AL 35565

Purpose of Disbursement
fundraiser

Candidate Name
ROBERT B ADERHOLT

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 04

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.7584

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00